PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTLY. IS A PERMANENT properly classified. BINDING TION is very important. See instructions on back of certificate. FOR WITH UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED mation should be carefully supplied. N. B.—WRITE PLAINES

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Queen Muces	Registration Dist. No 23 5
Village or City Mevensorlle	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Bailey 1	till Born
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH OCT (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 1-1931	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
19 Industry or business in which	2009
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME 12 alared Bailey	
13. NAME (Valary Barley 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LUCE MCKERSU	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME CLC MCKERSON 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LOCALIA SALVA (Address) STORY NICE MA	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Selection (192)	Nature of injury
19. UNDERTAKER Poland Bailey acting (Address) Stevensire 10	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Oct / 19317-C. Thomas	(Signed) J. C. Thomas Focal Range
20. FILED Registrar.	(Address) Slevensvila

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Length of residence in city or town where death occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.____ occur 11. Total time (years) 10 Date deceased last worked et this occupetion (month and spent in this occupation ... year) _____ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Was there en autopsy?..... What test confirmed diagnosis? MOTHER 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury ____ Nature of injury_ 24. Was disease or Injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	A. Commercial Commerci	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			12-11-21

V. S. No. 1

Н	12	170
	PLACE OF DEATH	STATE OF MARYLAND
1	County ,	CERTIFICATE OF DEATH
		Registration Dist. No. 254
Vi	illage or City 1000000000000000000000000000000000000	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
	² FULL NAME	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day) (Year)	that I last saw how alive on Oct 15, 1937
7	AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
1 2	BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. del de
	10 NAME OF E. FREUE CLEVILLES	(Signed) M. D. Cat/J 192 (Address) Larray (VII)
RENTS	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	(Informant) & Frank Cleverger	if not at place of death?
	(Address) Presonville Md.	Trasonielle Md Oct. 15, 1,3
15	Filed Oct, 15 1931 Delen M. aldridge Register	none ADDRESS
	If more blanks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the biseas: causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");—Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tubereulosis of lungs, mencan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death letonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state OCCUPA-Exact statement of stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12171
1. PLACE OF DEATH	92-00
County Leene acce	Registration Dist. No. 252
Village or City Haydeus	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos
2. FULL NAME & Karles W. Deaw	
(a) Residence: No.	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (variet the word) Calared There or Devorced (variet the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Naucy Deace	22 I HEREBY CERTIFY. That I attended deceased from
1 6412 1017	, t92, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said to have occurred on the date stated above, at _6 _5 em.
1,1 5 t day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8 Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, Jarus Lakarer	mitrel Regurgetation
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (uponth and	()
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Queue Coure Co	Other Centributory Causes of importance:
(State or country)	
13. NAME Leve Deare 14. BIRTHPLACE (city or town) Duese august	
4. BIRTHPLACE (city or town) Queen and	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
t5. MAIDEN NAME awie Stukkerd 16. BIRTHPLACE (city or town) Seeen aware (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Leeue Cure	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Murey Dear (Address) Haffery md	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
ts. Burial, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date	Neture of injury
19. UNDERTAKER / Sartor / Fra	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centreacte my;	If so, specify
20, FILED Oct 28, 1931 Manie & Bright	(Signed) Nacitation M. D
78 000 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run aver by street car	1 week aga
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

statement

1. PLACE OF DEATH	14114
County Luce Unite	Registration Dist. No. 2,52
Village or City Controville	No. St. Ward
(OF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret of Meshe	ulds
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Colored OR DIVORCED (write the word)	Wet 3 - 193/
5a If married widowed or divorced	(Month) (Day) (Year)
(or) WIFE of Percy he Sheilds	22. I HEREBY CERTIFY, That I attended deceased from
O D to	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than	I last sew h; death is said
1 day bee	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
42 3 2 or min.	Were as follows: This woman was baddy buringd Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	One week aco -)00 plant wow
9. Industry or business in which work was done, as SILK MILL, Pc 2	colled or sun how. The daid as a
3 D SAW MILL, BANK, etc. terate family	result of these burner & saw for
Date deceased last worked at this occupation (month end 11. Total time (years) spent in this	ofter death:
year) oc:upation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Luces solow (State or country)	
	Dooth due to Lorne, from clothing
13. NAME Ned Railey 14. BIRTHPLACE (city or town)	catching fire. Cut R.
(State or country)	Name of operation
	Whet test confirmed diagnosis? Wes there an autopsy?
E CONTRACTOR CONTRACTO	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mamie Pailey	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Cantrevale Md.	and the position of the positi
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coraca Meck Date CC1. 6-, 1931	Nature of injury
19. UNDERTAKER Polt W. Caldens	24. Wes disease or injury in any warvelated to occupation of deceased?
(Address) Centreville Md	If so, specify this Wally Corrow
20 FILED Oct. 5- 1931 Port 71, Eddin	(Signed) USIN Langt select Olympian M.D.
Registrar.	(Address) Cartal Lock

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Data of onsat
Arteriosclerosis 110 3 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RTE	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephriti	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Iven anne 12	CERTIFICATE OF DEATH
Mar A O	Registration Dist. No. 250
Village or City Vareley (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME FULLAM J. Em	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Wilte Single, MARRIED WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH OW. 30, 193/
G DATE OF BIRTH Sel. 26, 1923 (Month) (Day), 1923	17 I HEREBY CERTIFY, That I attended the deceased from 193/
(Month) (Day) (Year) 7 AGE (If LESS than	(in the
8 yrs. 6 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows: Acht Mount
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yre, mos de,
9 BIRTHPLACE (State or country) Julean and	Contributory / Vuller Secondary
10 NAME OF Louis B Emony	(Signed Utural) Quello M.D. (Signed Utural) Quello M.D. (Address) Cheel Thighles
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAJDEN NAME June Kenton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE (OF MOTHER (State or Country) Caroline Co.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Jours 12. Emory	usual residence
(Address) Bureley, M. Hox	Busica Church Md. Oet. 31, 1931
Filed PS 314 19231 Marthy & Phillips	John G. Jobin Son Bullington Me
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., laborer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Physician, report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Cotton mill; (a) For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material and children, Architect, Locomolive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> detanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Committee Chronic Carcinoma, Sarcoma, on ," "Coma," "Convulsions, The nature of the injury, valvular heart disease; etc. The Nomenclature contributory etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as For persons who have no occupation (b) Automobile foctory. The material Labarer-Coal mine, etc. Womduties of the (b) Grocery; Day

Statement of Cause of Death—Name, first, had Distended to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation) is described to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Itetanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, American Medical Association.) as fracture of skull, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-Committee on Chronic and consequences (e.g., sepsis, Example: Measles (disease e," "Coma, affection need not be etc. The contributory valvular heart disease; Nomenclature " "Convulsions, Measles;

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHYSDAU V.S.			
Other contributory causes of importance:	- C	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	12177 STATE OF MARYLAND
County Queen anne.	CERTIFICATE OF DEATH
Village or City Kenton, Del. (No.	Registration Dist. No. 250 St.: Ward) (If death occurred a hospital or instit
2FULL NAME Lillia M. Johns	tion, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	. 16 DATE OF DEATH Oct. 14, 1931
6 DATE OF BIRTH July 24 18	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased fro 44 July 2
(Monsy) (Day) (Yes	
If LESS 1 day	hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Cigus Maker.	Courty Myplositus
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yra. mos
9 BIRTHPLACE (State or country) Chester. Pa.	Contributory Secondary (Duration) yrs mos.
10 NAME OF Seal Johnson.	(Signed) Status cells M. Def 14 1931 (Address) Rufferell, Tuny
of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicldal or Homicidal.
of Mother Sul Jong.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. 3 mos. ds. la the State yrs. 3 mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah? Former or usus! residence 731 Pine St. Wil. Del.
(Informant) Mrs. Sue Johnson. (Address) Kenton, Del. R.D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Slewood Cem. Smywer Del. Oct. 16, 193
15 Filed oct 16 18 Lane & Kno	AL ZO UNDERTAKER DE ADDRESS.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (i) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; i whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeppers who receive a definite salary), may be entered as Housebile, House laborer, Farm luborer, Laborer-Coal mine, etc. Wonden at home, who are engaged in the dunies of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective o Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISALE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicacina," "TUERPERAL perilonitis," etc. State cause for which surgical operation was undertaken. For violent beaths state nears of injury "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepers carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., o. Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as eough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

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V. S. No. 1

m Z.

PLACE OF DEATH	STATE OF MARYLAND
County W Q W	CERTIFICATE OF DEATH
	2 1.5
1/2000	Registration Dist. No. 237
Village or City Un Inclused (No. 2FULL NAME) Still Born	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Fun Col MARRIED, WIDOWED. OR DIVORCED (Write the word)	Pullionth B (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(a 30 , 1931	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [IfLESS than	and that death occurred on the date stated above, at
Plil Kon I day hrs.	The CAUSE OF DEATH * was as follows:
min.?	DT A A
8 OCCUPATION (a) Trade, profession or	July Horry
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) - Md	(Duration) yrs mos ds
10 NAME OF FATHER	(Signed) Styllscells M. D.
celling to myory	MX 31 31
0 11 BIRTHPLACE OF FATHER	*State the Discase Causing Death, or, in deaths from
OF FATHER (State or country) Caroline Co	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
C: 12 MAIDEN NAME OF MOTHER THERE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disesse contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Cultin Folkuson	usual res-dence
D. David S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) On My will out	Mission Year Greenston Oct 31, 1931
Filed Oct - 31 1981 Mortha a. Phillips	20 UNDERTAKER ADDRESS
Registral	arthur Johnson Greenstors ma
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm en at home, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more parent of mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Sulesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," ."Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondar, American Medical Association.) approved Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease ," "Coma," "Convulsions,

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REVISED UNITED STATES ERTIFICATE OF LEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. ired 6 or given up on account of the DISEASE CAUSING DEATH, Howsemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician. Compositor, Architect, Locomotive engineer. the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc first line will be sufficient, e. g., Farmer or Planter, etc., Foreman, to know or At For many occupations a yrs). that fact may be indicated thus; Farmer (re-Farm laborer (b) ('otton without more precise specification as Day specifically the occupations of Home, For persons (b) Automobile (a) the kind of work and also (b) the and children, mill; Laborer-(a) Solesman. who have no occupation foctory. The materia single word or term on -('oal mine, etc. Womnot gainfully em-But in many (6) persons en-(irocery,

Statement Ourse mening mening is a fever (1) t of Cause of Death—Name, first, the DIS-INC DE FUIT (the primary affection with respect d rausenton), Using always the same accept referance disease. Examples: Carchespinal gire; Diphtheric savoiduse of "Croup");
runter report "Typined Insumenia");
runter Bronchopneumenia ""Pneumonia,"

Contin

3 approved by Committee on tetanus) may be stated under the head of "contributory." "Inanition, "Weakness, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or homicidal, taken. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perdonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, diseases causing death), 29 ds.; Bronchopneumonia (secondary), Chronic unqualified, is indefinite); Tuberculosis of tungs, men-Examples: Accidental drowning; Struck by railway traincan be (secondary Whooping cough; "Atrophy," "Collapse," "Coma," peruonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY ascertained as the cause. Always qualify al interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock, or intercurrent) Chronic and consequences (e. g., sepsis ," etc., when a definite disease Example: Measles The nature of the injury, affection need etc. The valvular heart disease; Nomenclature " etc.), "Dropsy," ," "Convulsions, contributory Measles ; (disease not be death

alit (Fa -data is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions in detail, it will prevent further correspondence. All the essential and must be obtained before the octificate is thy filed. PARTY OF BEAUTION

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill: (a) Salesman. should be used only when needed. As examples: (o) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-(a) Foreman, r," etc., report specifically the occupations of persons enapplies to each and every For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation, using always the same accepted to time and causant fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

"telenus) may be stated under the head of "contributory." carbolic acid—probably suicide. Then ture of the injury, American Medical Association.) accident; Revolver wound of head-homicide; Potsoned by "('Exhaustion,') "Heart Langue,') "Old Age, " "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on (Recommendations on statement of cause of as fracture of skull, and eonsequences (c. g., sepsis, Examples: Accidental drowning; Struck by ruinvay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscurriage as "Puerperal septiculaida" "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), cough; is indefinite); Tuberculosis of lungs, menfor malignant neoplasms); Measles; Chronic affection need not be etc. The contributory valvulor nearl Nomenclature of the disease;

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17

PLACE OF DEATH 1218:	STATE OF MARYLAND
County Q. U. Co	CERTIFICATE OF DEATH Registration Dist. No. 250
Village or City Ty Roudey (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall Wall Single, MARRIED, Wildowd OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193/ to // , 192/ that I last saw h alive on // / , 192/
7 AGE If LESS than dayhrs. ds. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed). (Address) Suffacility M. D.
State or gountry) 12 MAIOEN NAME OF MOTHER Pheca Clow	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hespitals, Institutions, Transfer or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death of yrs
(Informant) Navy Michesen (Address) J. Barday my Filed Sof 20 1923 Martia a. Phillips	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Busichs Church 20 UNDERTAKER AOORESS AOORESS
If more b.anks are needed, addre.s : tate Negistrar	, 16 W. Saratega St., Balto., Lequesting V. S. Ive. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e:ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, Compositor, Architect, Never return "Laborer," "Forman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material or Al Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "E.haustion," "Heart lanue,
"Inanition," "Marasmus," "Old Age," "Shock,"
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V. S. No. 1 N. B.—

1. PLACE OF DEATH	CERTIFICATE OF BEATH 14183
County Julen (June	Registration Dist. No. 25
Village or City Chester	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CAMULE O. PAUL	N
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH OAK - 6
Finale Thile Maon	(Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of	22. A . I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Church with	Jep 1 1931, to Der 6 1931
6. DATE OF BIRTH (month, day, end year) PMALO // - 1847	I last saw h. Dr. alive on Oo 6 , 19 (; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at. \$2.30 am.
3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Gerebral temorrham Set
F	1/9
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	- /
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town) MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Other Contributory Causes of importance:
(State or county)	Willia Pelerono
13. NAME MOTHUS MOUSSON	
13. NAME MOULES MONESSON 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM Sy Ellew Pleston 16. BIRTHPLACE (Chapt town) 1 7/14	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (ch. or town)	Accident, suicide, or homicide? Date of injury, 19
-1 (State of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (Schubler Mid Date 4 C/ 1931	Nature of injury
19. UNDERTAKER Mout N. Edding	24. Was disease on injury in any way related to occupation of deceased
(Address) Centreville and	If so, specify
20. FILED Q 016 19317. C. Dhouse	(Signed) Allow: On Delly M. D.
Cool Registrar.	(Address) Total
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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